



Home Environmental Assessments

Outcomes Report Form

School Nurse Name(s): _____ County: _____

DUE DECEMBER 15, 2010

Return to:

Matthew R. Herington	Phone: 406-444-0995
PO Box 202951	Fax: 406-444-7465
Helena, MT 59620-2951	E-mail: mherington@mt.gov

Questions:

1. How many home environmental assessments did you conduct? _____
2. Describe how you were able to recruit participants for this project. What were the successes and challenges that you experienced in recruiting participants?
3. Do you feel that this project was useful for the participants? Why or why not?

4. What changes in the home environment did you recommend to the participants?
5. How many of the participants made at least one change in their home as a result of the home environmental assessment? What changes did they make?
6. Would you recommend this particular project for other school nurses? Why or why not?

Data:

1. Attach copies of the checklists created; please black out names and any other identifying information. Asthma Control Program staff may analyze information contained in the checklists for program evaluation purposes.